## Open Computer Labs Reservation Request

## **3M Resource & Mentoring Center**

Library 1st Floor Ext: 5064

OPEN LAB 205 Science Building Ext: 7445 OPEN LAB 402A Xavier South Ext: 5202 OPEN LAB MAC St. Joseph Hall Ext: 7236

Please return the completed form or Fax (504) 520-7957.	to the Resource and Me	entoring Center via:	Email: <u>Jhorne@xula.edu</u>
Name of Program:	Name of Program Director:		
Department Responsible for Program:			
Number of Participants:	Age Range:	to	*
Duration of Program:	Beginning Date:	Ending Date:	
If daily use is not required for the duration of the program, Please specify needed dates:			
Printing Privileges Needed: Yes completion.)	No (If yes, De	partment will billed	l upon program
*Please Note: Department Monito	rs must accompany Gro	ups with individual	s under the age of 16
Preferred Lab Time (1st Choice): _			
Preferred Lab Time (2nd Choice): _			
Lah Preference: RMC Lah 2	205 Lah 402Δ	Mac	